

Cervical Spine Surgery 頸椎手術

Side: (please tick the appropriate)

Right

Left

Midline

Bilateral

Introduction

Cervical spine surgery may be indicated for:

1. Neural decompression
2. Spinal stabilization
3. Tumour excision
4. Histological diagnosis
5. Diagnosing and drainage of infective lesion

The Procedure

The operation is performed under general anaesthesia. The approach to the cervical spine may vary with individual patient. It can be accessed from the front or from the back. X-ray may be used in the operation room to confirm the level of operation. After the decompression, the cervical spine may need fusion. Bone grafting supplemented by metal instrumentation may be performed to promote spinal fusion. Donor site bone graft harvesting may be required. Drains may be put into the operative site and graft donor site.

Before the Procedure

Nasogastric tube and urinary catheter may be put in before the operation starts.

Risk and Complication

1. Injury to the:
 - a. Larynx (voice box), the nerves to the larynx (recurrent laryngeal nerve) causing vocal cord paralysis and a hoarse voice. This is usually temporary.
 - b. Esophagus (food pipe)
 - c. Carotid artery, which can cause a stroke resulting in permanent paralysis.
 - d. Spinal cord resulting in temporary or permanent quadriplegia (paralysis of arms and legs).
 - e. Nerve root causing upper limb weakness, sensory loss, or pain temporary or permanent.

2. Infection in the wound causing redness, pain and possible discharge or abscess.
3. Failure of fusion on the bone.
4. Movement of graft or instrumentation resulting in swallowing difficulties, dislocation causing neurological deterioration.
5. Mortality can be a result of serious complications.

The complication listed above may need further medical and surgical treatment.

After the Procedure

After the patient is awoken from the anesthesia, oral feeding may be started. Both nasogastric tube and urinary catheter can be removed when the patient can take oral food and pass urine by himself / herself. Drains would be removed after a few days. Perioperative antibiotics may be continued for 1-2 days after the operation. Analgesics would be prescribed. Neck collar may also be required depending on situation.

Follow up

Neck collar may be needed in the postoperative period. Follow up X-rays may be arranged before the patient comes back to follow up in outpatient clinic.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.